

Form Revision Date 07/2021

APPLICATIO	N FOR CERTIFICAT		RITY TO TRANSACT BUSINESS IN	
		MICHIGAN		
		REIGN NONPROFIT C		
Pursuant	to the provisions of Act 162, Pub.	lic Acts of 1982, the ui	ndersigned execute the following Application.	
1. The name of the corpo	pration is:			
FACILITY GUIDELINES	INSTITUTE, INC.			
1	aly if the corporate name in item of the corporation to be used in all its		se in Michigan.) eau and in the transaction of its business or conducting of	
3. Incorporated under th	e laws of :			
Country:	USA - United States			
State:	MO - Missouri			
4. Date of Incorporation:	11/10/2021			
5. The duration of the co	rporation if other than perpetual	is:		
6. The address of the ma Street Address: Apt/Suite/Other:	in business or headquarters offic 12 TURKEY HILL ROAD	e of the corporation is		
City:	WESTHAMPTON			
Country:	United States	$\vee$	Zip Code: 01027	
State:	MA			
The mailing address if diff Street Address:	erent than above: P.O. BOX 60628			
Apt/Suite/Other:				
City:	FLORENCE			
Country:	United States	$\checkmark$	Zip Code: 01062	
State:	MA	<del>_</del>		
	Select State	~		
7. The street address of are not acceptable):	the registered office of the corpo	oration and the name o	of the resident agent at the registered office (P.O. Boxes	
a. Resident Agent Name:	URS AGENTS INC.			
b. Street Address:	40600 ANN ARBOR ROAD E, STE 200			
Apt/Suite/Other:				
City:	PLYMOUTH			

Zip Code: 48170

c. Registered Office Mailing Address:

State:

P.O. Box or Street Address: Apt/Suite/Other:	40600 ANN ARBOR ROA	D E, STE 200
City:	PLYMOUTH	
State:	MI	Zip Code: 48170
•	•	transact in Michigan is as follows: NATING OF HEALTH CARE FACILITY CODES AND STANDARDS
10.		

Total Authorized Shares:

The document must be signed by an authorized officer or agent.

Signed this 24th Day of April, 2024 by:

Signature	Title	Title if "Other" was selected
Moira Cleary	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline j Accept STATE OF MISSOURI



## John R. Ashcroft Secretary of State

# CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

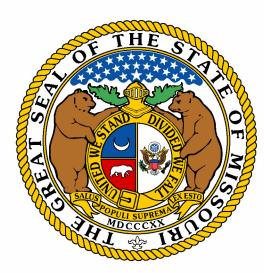
Facility Guidelines Institute, Inc. N001687378

was created under the laws of this State on the 10th day of November, 2021, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of April, 2024.

becretary of Stage

Certification Number: CERT-04222024-0113



# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN MICHIGAN

for

FACILITY GUIDELINES INSTITUTE, INC.

*ID Number:* 803205088

received by electronic transmission on April 24, 2024 , is hereby endorsed.

*Filed on* April 26, 2024 , by the Administrator.

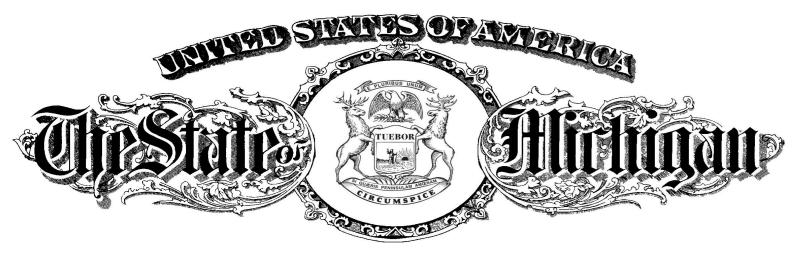
The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 26th day of April, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau





This is to Certify That

### FACILITY GUIDELINES INSTITUTE, INC.

a FOREIGN NONPROFIT CORPORATION existing under the laws of the state of Missouri

was validly authorized to transact business in Michigan on the 26th day of April, 2024, in conformity with 1982 PA 162.

Said corporation is authorized to conduct in this state any affairs of the character set forth in its application which a domestic corporation formed under this act may lawfully conduct. The authority shall continue as long as said corporation retains its authority to conduct such affairs in the jurisdiction of its incorporation and its authority to conduct affairs in this state has not been surrendered, suspended, or revoked.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 26th day of April, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau